

# APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

## WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. \_\_\_\_\_ Company \_\_\_\_\_

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

## CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date 7-10-92 Applicant \_\_\_\_\_

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 413206 Lic. Class B-C-10

Contractor Sonrise Construct Date 7-17-92

☐ I am exempt under Sec. \_\_\_\_\_

B.&P.C. for this reason \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent \_\_\_\_\_

Date 7-17-92

FOR APPLICANT TO FILL IN			
BUILDING ADDRESS <u>4345 E 3rd St</u>			
CITY <u>E.L.A.</u>		ZIP _____	
SIZE OF LOT _____		NO. OF BLDGS. NOW ON LOT _____	
TRACT _____	BLOCK _____	LOT NO. _____	
ASSESSOR MAP BOOK _____		PAGE _____	PARCEL _____
OWNER <u>DR ESPINOZA ORTO</u>		TEL. NO. _____	
ADDRESS <u>4345 E 3rd St</u>			
CITY <u>EAST L.A.</u>		ZIP _____	
ARCHITECT OR ENGINEER _____		TEL. NO. _____	
ADDRESS _____			
CONTRACTOR <u>SONRISE Construct</u>		TEL. NO. <u>565 0999</u>	
ADDRESS <u>P.O. Box 23405</u>		LIC. NO. <u>413206</u>	
CITY <u>E.L.A. CA.</u>		LIC. CLASS <u>B-C-10</u>	
SQ. FT. SIZE _____	NO. OF STORES _____	NO. OF FAMILIES _____	
DESCRIPTION OF WORK <u>INSTALLATION OF</u>		NEW <input checked="" type="checkbox"/>	
<u>SIGN</u>		ADD <input type="checkbox"/>	
USE OF EXISTING BLDG. <u>Common</u>		ALTER <input type="checkbox"/>	
APPLICANT (PRINT) <u>Rene Lopez</u>		REPAIR <input type="checkbox"/>	
ADDRESS <u>8432 Compton ca. 90023</u>		DEMOL <input type="checkbox"/>	
WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?		URM <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES.	
YES <input type="checkbox"/> NO <input type="checkbox"/>		I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.	
OWNER OR AGENT _____			
P.C. FEE <u>87.21</u>	PERMIT FEE <u>14.05</u>		
INVESTIGATION FEE _____	ISSUANCE FEE <u>18.60</u>		
TOTAL FEE <u>21.17</u>		_____	

BUILDING ADDRESS <u>4345 E 3rd St.</u>			
LOCALITY <u>E.L.A.</u>			
NEAREST CROSS ST. <u>Alhambra Blvd</u>			
USE ZONE _____	MAP NO. _____		
SPECIAL CONDITIONS _____			
WITHIN 1000 FT. OF SCHOOL?			YES <input type="checkbox"/> NO <input type="checkbox"/>
DISTRICT _____	GROUP _____	TYPE CONST. _____	FIRE ZONE _____
PROCESSED BY _____			
STATISTICAL CLASSIFICATION CLASS NO. _____ DWELL UNITS _____			APT <input type="checkbox"/> CONDO <input type="checkbox"/>
REQUIRED SET BACK _____	YARD _____	HWY _____	TOTAL SETBACK FROM PROP LINE _____
FRONT P.L. _____	EXIST WIDTH <u>P1</u>		
SIDE P.L. _____	<u>01*20838</u>		
SEWER MAP BK _____ PG _____			
VALUATION <u>\$7000.00</u>			
\$ _____			
LDMA P/C # _____			
LDMA Perm # _____			
FINAL DATE <u>7-23-92</u>			
FINAL BY <u>[Signature]</u>			

VALIDATION

\*20838 CK  
0.22-4074  
11-37  
07-17-92  
\$1

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

# WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800 Lab. C.)

Policy No. \_\_\_\_\_ Company \_\_\_\_\_

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

## CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date 7-17-92 Applicant \_\_\_\_\_

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 413206 Lic. Class B-C-10

Contractor Surprise Const Date 7-17-92

☐ I am exempt under Sec. \_\_\_\_\_

B.&P.C. for this reason \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

☐ Exemption for Reg. Maint. Elect.

## SINGLE FAMILY

### HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

I certify that I have read this application and under penalty of perjury state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Electrical wiring, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

SIGNATURE OF PERMITTEE

DATE

20-0019 DPW (12-91)  
76A663

# APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES

DEPT. OF PUBLIC WORKS

BUILDING AND SAFETY DIV.

FOR APPLICANT TO FILL IN				JOB ADDRESS	
	NO.	EACH	FEE		
New Residential Bldgs. & Pools				4545 E 3rd St	
1 & 2 -Family, Sq. Ft. _____		\$	\$	LOCALITY E.L.A.	
Multi-family Sq. Ft. _____				NEAREST CROSS ST. Whittier AVE.	
Residential Swimming Pools				ASSESSOR MAP BOOK _____ PAGE _____ PARCEL _____	
Outlets: Rec. _____ Light _____ Sw. _____				OWNER OR FIRM NAME DR. ESPINOZA Optometrist	
First 20 _____				MAIL ADDRESS 4545 E 3rd St.	
Total No. _____ Additional _____				CITY E.L.A. Tel. No. _____	
Lighting Fixtures				PLAN CHECK APPLICANT _____	
First 20 _____				ADDRESS _____	
Total No. _____ Additional _____				CITY _____ Tel. No. _____	
RESIDENTIAL APPLIANCES NOT OVER 3 HP.				PERMIT APPLICANT <u>Surprise Const Elec</u>	
OTHER APPLIANCES NOT OVER 3 HP.				ADDRESS <u>P.O. Box 23805</u>	
Power Apparatus & Large Appliances				CITY <u>L.A. 90023</u> Tel. No. <u>565-0199</u>	
Size & Type HP, KW, KVA, or KVAR				LICENSE OR REG. NUMBER <u>413206</u> Class. <u>B-C-10</u>	
_____ Over 3 to 10 Incl.				DISTRICT NO. <u>6</u> PROCESSED BY <u>Hejeda</u>	
_____ Over 10 to 50 Incl.				FINAL DATE _____	
_____ Over 50 to 100 Incl.				FINAL BY <u>H. Ambrose for Nelson</u>	
_____ Over 100				VALIDATION <u>01 *2780</u>	
Services, Swbd., MCC & Panelboards				<u>027-4075</u>	
0 - 399 Amp. Under 600 V				<u>11-38</u>	
400 - 1000 Amp. Under 600 V				<u>07-17-92</u>	
Over 1000 Amp. or Over 600 V				<u>\$1</u>	
BRANCH CIRCUIT FEES					
15A, or 20A, 120V, Lighting or Recept.					
_____ 1 To 10 Branch Circuits					
_____ 11 To 40 Branch Circuits					
_____ 41 Or More Branch Circuits					
15A, 20A, 208V To 277V Lighting Br. Circuits					
Temp. Power Pole & Appurtenances					
Sign with One Branch Circuit					
Additional Sign Branch Circuits					
Misc. Conduits & Conductors					
Other (See Complete Fee Schedule) _____					
PERMIT FEE (Sub-Total)					
PLAN CHECKING FEE					
PERMIT ISSUING FEE					
TOTAL FEE					

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

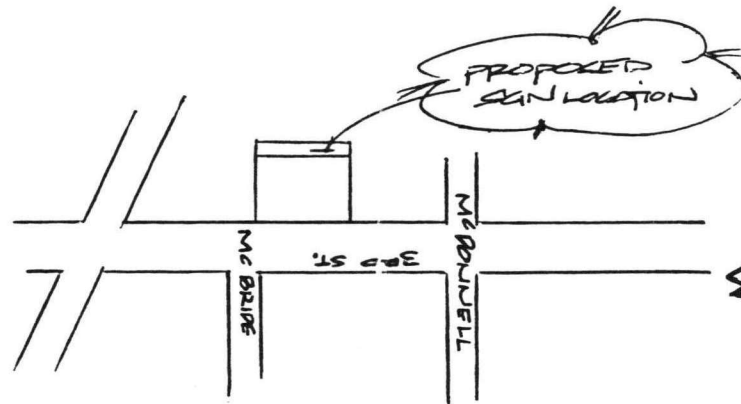


36'

# VISION DR. ESPINOSA OPTOMETRY CENTER

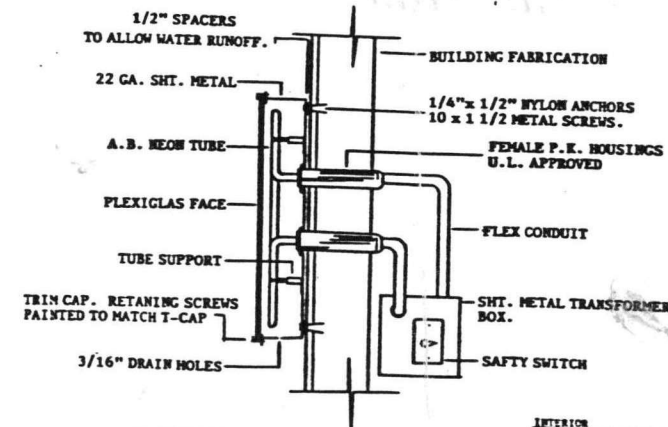
T 12"  
T 28"  
T 1

SCALE 1/4" = 1'0"



ROHM & HASS

COLOR OF PLEX:  
COLOR OF TRIM CAP:  
COLOR OF RETURN:



INDIVIDUAL ILLUMINATED LETTERS

INTERIOR PAINTED 2 COATS OF ENAMEL ON PRIMER  
EXTERIOR TO BE PAINTED 2

# VISION DR. ESPINOSA OPTOMETRY CENTER

DIVISION OF BUILDING AND SAFETY  
Department of Public Works  
**APPROVED**  
UNDER TITLE 26

BY *[Signature]*

JUL 13 1992

This set of plans and specifications MUST be kept on the job at all times and it is unlawful to make any changes or alterations on same without written permission from the Division of Building and Safety, County of Los Angeles. The Stamping of this plan and specifications SHALL NOT be held to permit or to be an approval of the violation of any provisions of any County Ordinance or State Law.

for sign only.

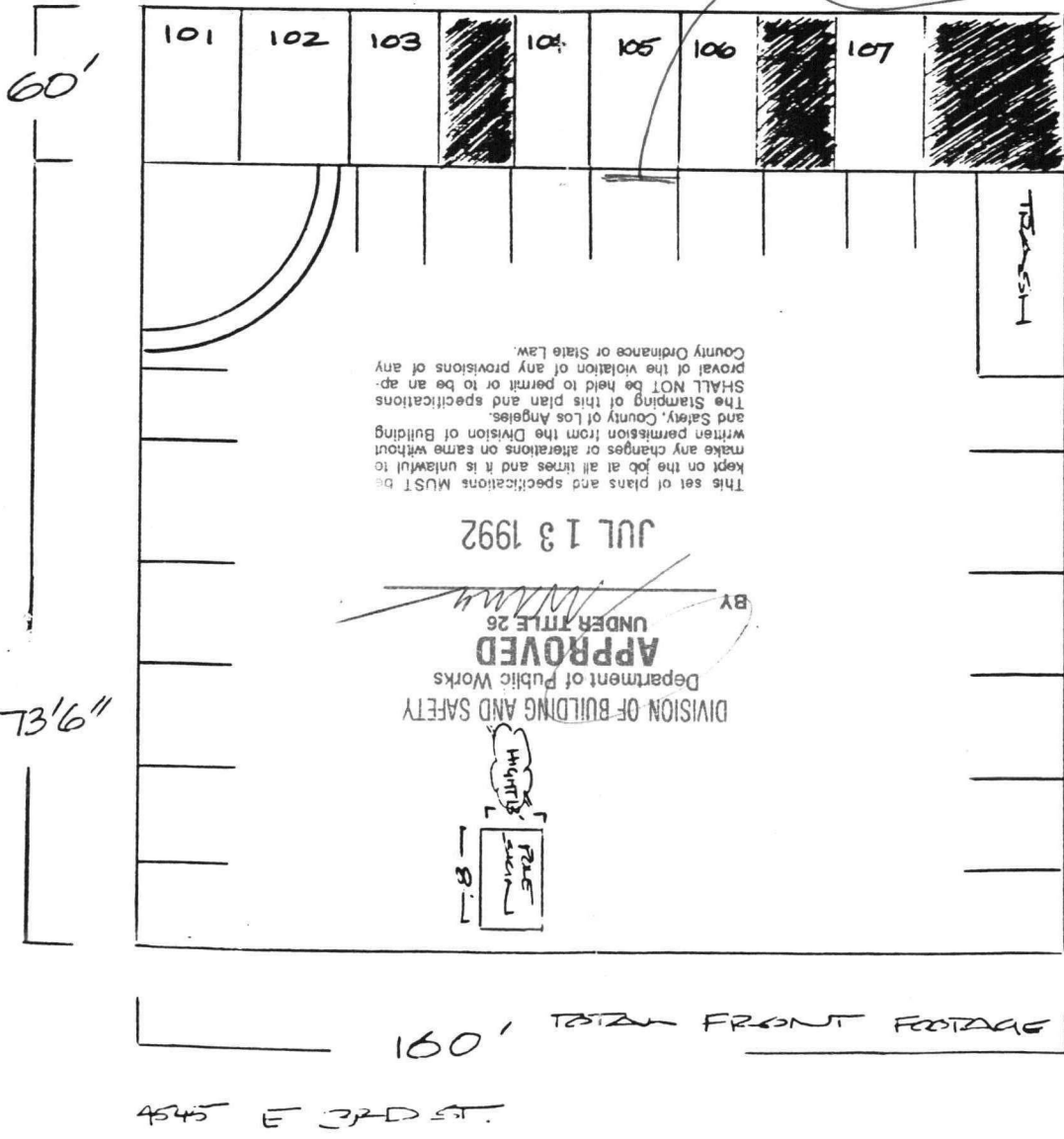
TOTAL FRONT FOOTAGE 47' S. SIDE

SCALE 1/8" = 1'0"

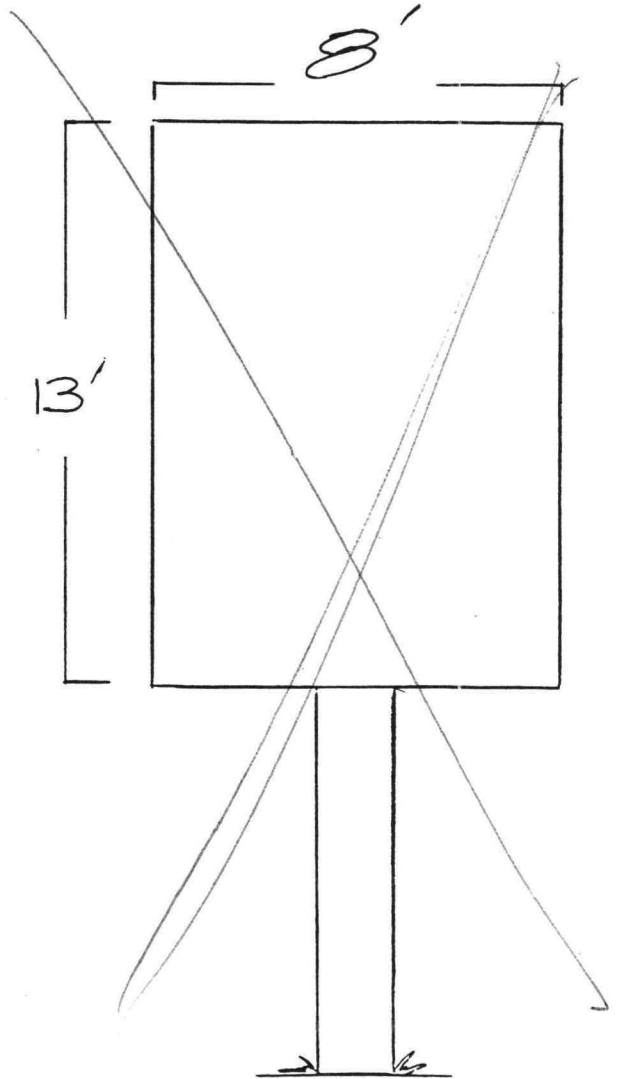
THIS IS AN ILLUMINATED SIGN. IT MUST BE INSTALLED IN ACCORDANCE WITH THE LOS ANGELES SIGN REGULATIONS. THE SIGN MUST BE INSTALLED IN A MANNER THAT DOES NOT OBSTRUCT THE VIEW OF TRAFFIC. THE SIGN MUST BE INSTALLED IN A MANNER THAT DOES NOT OBSTRUCT THE VIEW OF TRAFFIC. THE SIGN MUST BE INSTALLED IN A MANNER THAT DOES NOT OBSTRUCT THE VIEW OF TRAFFIC.

AB NEON Signs Co.  
When the Quality Speaks for Itself  
Los Angeles, California

DR. ESPINOSA OPTOMETRY VISION CENTER  
330 E. E. 4545  
E.L.A. CA.  
P.R.  
Belmont  
Date



PROPOSED  
SIGN SITE



VISION CENTER

DR. ESPARUEZA OPTOMETRY

3200 W. E. 1. A. CA.



DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
CHECKED: \_\_\_\_\_  
APPROVED: \_\_\_\_\_

THIS IS NOT A PERMIT. IT IS A RECORD OF THE PERMIT. THE PERMIT IS THE AUTHORITY TO CONSTRUCT. THE RECORD IS THE EVIDENCE OF THE PERMIT. THE PERMIT IS THE AUTHORITY TO CONSTRUCT. THE RECORD IS THE EVIDENCE OF THE PERMIT.